

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES  
FOOD ESTABLISHMENT PERMIT APPLICATION**

<b>For Office Use only</b> <input type="checkbox"/> New <input type="checkbox"/> Change		<b>ANNUAL FEE</b> \$_____	<b>For Office Use Only</b> [                       ] Classification Code
<b><u>IMPORTANT</u></b> Complete both sides of the application and submit <b><i>at least</i></b> thirty (30) days before anticipated operation. Processing may be delayed if it is incomplete or illegible. <b>Note:</b> A preoperational permit-issuing inspection may be required before operating. Submission and approval of plans by the Food Control Unit is <u>required</u> if the establishment is new or remodeled.			[     ,     ,     ,     ,     ] Conditions [     /     /     ] Issue Date [                             ] Establishment I.D.
		Approved by _____	
<b>PLEASE PRINT</b>		<b>USE BLACK INK ONLY</b>	

1. Name of Establishment (D\B\A)\*: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code:    |    |    |    |    Phone No. (     )       -

**2. Type of Ownership:** ☐Individual ☐Corporation ☐Non-Profit ☐Partnership ☐LLC (Submit proof of type of ownership)

**3. New York State Certificate of Authority Number (Sales Tax No.):**

A copy of your Certificate of Authority to Collect Sales Tax must be submitted with this application.

**4. Billing Address of Owner/Corporation:** (Note: Permit renewal notifications will be sent to this address!)

Name \_\_\_\_\_

Street \_\_\_\_\_ Phone No. (     )     -

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code:    |    |    |    |    |

Email address

**5. Personal Mailing Address of Person Signing Application\*:**

Name \_\_\_\_\_

Street \_\_\_\_\_ Phone No. (     )     -

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: | | | | |

**6. Corporation, LLC or Partnership Name and Mailing Address:**

Name \_\_\_\_\_

Street \_\_\_\_\_ Phone No. (     )     -

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: | | | | |

**7. Type of Establishment:** *(Check the appropriate box)*

☐ Restaurant (With seating)    ☐ Restaurant (Without seating)    ☐ Delicatessen    ☐ Tavern    ☐ Bakery    ☐ Off-premise Caterer

☐ Depot w/o Food Preparation    ☐ In-Home Caterer    ☐ School    ☐ SED Summer Feeding    ☐ Soup Kitchen    ☐ Senior Nutrition☐ Vending Machine   ☐ Commissary   ☐ Party Room   ☐ Staffed Vending   ☐ Frozen Dessert   ☐ Other

**8. Water Supply:** ☐ Well Water ☐ Public Water **9. Waste Disposal System:** ☐ Public (Sewers) ☐ Private (Cesspools/leaching fields)

**10. Seats Provided:** ☐ Yes ☐ No

### Number of Seats

11. Tax Map Number: District:

Section

Block

Lot\_

The applicant hereby agrees to operate the food establishment described above in compliance with the requirements of the New York State and Suffolk County Sanitary Codes and hereby authorizes officials of the Suffolk County Department of Health Services to inspect any and all premises and take samples of food therefrom for laboratory testing.

**Signature**\_\_\_\_\_

Print Name \_\_\_\_\_

Title	Date
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\*The application must be signed by an officer of the corporation, partner or owner (See Item #5 above). The D/B/A must be completed before a permit may be processed.

**(See reverse for Instructions, Fee Schedule and Insurance Information)**

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